

# CALL FOR PRESENTERS

## INTEGRATED SERVICES CONFERENCE

(Formerly known as AB 2034 Conference)

### **“Whatever It Takes”...What Does It Really Mean?**

**April 25 & 26, 2007**

Wyndham San Jose

The highly successful AB 2034 Conference (now the Integrated Services Conference) will meet for the fifth time on April 25<sup>th</sup> and 26<sup>th</sup> in San Jose. Papers that identify specific strategies, tools, and interventions with demonstrated successful outcomes will be greatly welcomed. First time presenters are strongly encouraged to submit. The Planning Committee is looking for workshop presentations on the following topics related to full service partnerships:

- Wellness Centers
- Employment
- Housing
- Rules of Engagement - Level of Care, staff ratios, etc.
- Supported Education – how education can lead to jobs
- Building and Maintaining Staff Moral
- TAY Housing
- Recovery
- Implementing Full Service Partnerships
- Integration of FSP programs with traditional services
- Using Evidence

Proposals for different topics that are compelling, timely, and relevant to Full Service Partnership services will be considered.

If your program is interested in presenting at the Conference, please complete the attached form and submit by mail, email, or fax to:

Theresa Ferrini  
Meeting Planning Department Manager  
CALIFORNIA INSTITUTE FOR MENTAL HEALTH  
2125 19<sup>th</sup> Street, 2<sup>nd</sup> Floor  
Sacramento, CA 95818

PH.: 916.556.3480 (Ext. 133) E-MAIL: [tferrini@cimh.org](mailto:tferrini@cimh.org) FAX: 916.446.4519

**Submission Deadline is January 8, 2007**



CiMH • 2125 19<sup>th</sup> St., 2<sup>nd</sup> Floor, Sacramento, California 95818

FAX: 916.446.4519 • E-MAIL: [CiMH\\_Conference\\_Dept@cimh.org](mailto:CiMH_Conference_Dept@cimh.org)

# PRESENTATION PROPOSAL

## INTEGRATED SERVICES CONFERENCE (Formerly known as AB 2034 Conference)

### “Whatever It Takes”...What Does It Mean?

**APRIL 25 & 26, 2007**

Name of Conference: Integrated Services Conference 2007

Conference Dates: April 25 – 26, 2007

Location: Wyndham, San Jose, California

Deadline for Submission: Monday January 8, 2007

Workshops are scheduled for 1½ hrs. (90 minutes), anticipate an average of 50 - 60 people per workshop.

TITLE: \_\_\_\_\_

#### NAME OF PRESENTER AND CO-PRESENTERS:

<b>NAME OF KEY PRESENTER / CONTACT PERSON:</b> _____  <b>AGENCY:</b> _____  <b>ADDRESS:</b> _____ _____ _____  <b>PHONE:</b> _____ <b>FAX:</b> _____ <b>EMAIL:</b> _____	<b>NAME OF CO PRESENTER:</b> _____  <b>AGENCY:</b> _____  <b>ADDRESS:</b> _____ _____ _____  <b>PHONE:</b> _____ <b>FAX:</b> _____ <b>EMAIL:</b> _____
<b>NAME OF CO PRESENTER:</b> _____  <b>AGENCY:</b> _____  <b>ADDRESS:</b> _____ _____ _____  <b>PHONE:</b> _____ <b>FAX:</b> _____ <b>EMAIL:</b> _____	<b>NAME OF CO PRESENTER:</b> _____  <b>AGENCY:</b> _____  <b>ADDRESS:</b> _____ _____ _____  <b>PHONE:</b> _____ <b>FAX:</b> _____ <b>EMAIL:</b> _____



**ABSTRACT (NO MORE THAN 50 WORDS):** \_\_\_\_\_  
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**CLEARLY DEFINE EDUCATIONAL OBJECTIVES:** \_\_\_\_\_  
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**DEFINE WHAT THE PARTICIPANT IS EXPECTED TO LEARN AS A RESULT OF ATTENDING THIS TRAINING:**  
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**PLEASE DESCRIBE WHAT THE PARTICIPANT WILL KNOW OR WILL BE ABLE TO DO AS A RESULT OF HAVING ATTENDED THIS TRAINING:**  
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**SUMMARY OF PRESENTATION:** \_\_\_\_\_

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**FORMAT OF PRESENTATION:**

☐ Individual presentation

☐ Panel presentation

☐ Group discussion

☐ Other (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUDIO-VISUAL REQUIREMENTS:**

_____ LCD projector	_____ VHS Player
_____ Laptop Computer	_____ DVD Player
_____ <u>I will bring my</u> LCD projector	_____ Monitor
_____ <u>I will bring my</u> Laptop Computer	_____ Overhead Projector Set-up
_____ Podium Microphone	_____ Slide Projector
_____ Lapel Microphone	_____ Audio Recorder
_____ Table Microphone	_____ Flip Chart & Markers
_____ Hand Held Microphone	

**(PLEASE SUBMIT YOUR PROPOSAL NO LATER THAN JANUARY 8, 2007)**

California Institute for Mental Health  
 2125 19<sup>th</sup> Street, 2<sup>nd</sup> Floor  
 Sacramento, CA 95818  
**ATTN:** Theresa Ferrini **E-MAIL:** tferrini@cimh.org 916.446.4519

